

Change of Address

3533

Part I Complete This Part to Change Your Home Mailing Address

Complete this part if the address change affects individual income tax returns (Forms 540, 540A, 540 2EZ, or Long or Short Form 540NR, etc.)

► If your last return was a joint return and you are now establishing a separate residence, check the box. ☐

1a Your first name	Initial	Last name	1b Your SSN or ITIN
2a Spouse's/RDP's first name	Initial	Last name	2b Spouse's/RDP's SSN or ITIN
3 Prior name(s) See instructions.			
4a Old address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address. See instructions.			Apt. no./Ste no.
4b Spouse's/RDP's old address , (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address. See instructions.			Apt. no./Ste. no.
5 New address (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address. See instructions.			Apt. no./Ste. no.

Part II Complete This Part to Change Your Business Mailing Address or Business Location Address

Check ALL boxes this change affects:	7b California corporation number
6 <input type="checkbox"/> Business, Estate, or Trust returns (Forms 541, 565, 568, 100, 100W, 100S, 109, 199, etc.)	7c Secretary of State (SOS) file number
7a <input type="checkbox"/> Business, Estate, or Trust location (Also complete line 11)	8b FEIN
8a Business, Estate, or Trust name	
9 Old mailing address. (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address. See instructions.	
10 New mailing address. (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address. See instructions.	
11 New business location address. (number and street, city, state, and ZIP Code). If a PO box, PMB no., or foreign address. See instructions.	

Part III Signature

Daytime telephone number of person to contact (optional) ► ()

Please Sign Here

(see instructions)

► Your signature	Date	► If Part II completed, signature of owner, officer, or representative	Date
► If joint return, spouse's/RDP's signature	Date	► Title	

General Information

For purposes of California income tax, references to a spouse, a husband, or a wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials (RDP) they refer to both a California Registered Domestic "Partner" and a California Registered Domestic "Partnership", as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

Use this form to change your home or business mailing address or your business location. This address change will be used for any future correspondence. Generally, complete only one form FTB 3533 to change your home or business address. If this change also affects the mailing address for your children who filed separate tax returns, complete a separate form FTB 3533 for each child. If you are a representative filing for the taxpayer, attach a copy of your power of attorney to this form.

You may also call our toll-free number (800) 852-5711 for a change of address. If you call the FTB and report a change of address, you do not need to file this form.

B Prior Name(s)

If you or your spouse/RDP changed your name because of marriage, divorce, etc., complete line 3.

C Addresses

Include any room or private mail box (PMB) in the address field. Write the acronym "PMB" first, then the box number. Example: 111 Main St. PMB 123.

D PO Box

If your post office does not deliver mail to your street address, show your PO box number instead of your street address.

E Foreign Address

If your address is outside the United States or its possessions or territories, enter the information

in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Do not abbreviate the country name.

F Signature

If you complete Part II, the owner, officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who maintains a valid power of attorney to handle tax matters.

G Where to File

Mail this form to:

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0002

If you moved after you filed your return and you are expecting a refund, notify the post office serving your old address to assist in forwarding your check to the new address.